

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

09971812

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				3		
4				1		
5				1		
6						
7						
8				2		
9				3		
10						
11						
12						
13						
14						
15			1			
16				1		
17				1		
18				1		
19						
20				1		
21						
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23				2		
24			1			
25				1		
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28				1		
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31				1		
32				2		
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49						
50						
TOTAL IND.			6			
TOTAL DEP.			31			
TOTAL CLAIMS			37			

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
51												
52												
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TOTAL DEP.												
TOTAL CLAIMS												